

Charitta Burt National Stage Processing Paralegal Specialist

(703) 305-3734

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

09/445803

		CLA		FILED -	PA	RT I (Colu	mn 2)	_	SMALL TYPE		OR	OTHER SMALL	
FOR		NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE	
ВА	SIC FEE										OR	·	840
TOTAL CLAIMS					20=	*		M	X\$ 9=		然	X\$18=	18
INDEPENDENT CLAIMS Of minus 3 = *						₹ <i>6</i> 55	X39=		앩	X78=	468		
MULTIPLE DEPENDENT CLAIM PRESENT								909	+130=		OR OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL	326
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							<u>L</u>	SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENTA		CL REM	AIMS IAINING FTER NDMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MO	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*		Minus	***		=		X39=	·	OR	X78=	
7	FIRST PRESE	NTATIO	ON OF MU	JETIPLE DEF	EN	DENT CLAIM		J	+130=		OR	+260=	
											OR	TOTAL ADOIT, FEE	
		(Col	lumn 1)		((Column 2)	(Column 3)		ADDIT. FEE		•	ADDII. I CE	
AMENDMENT B		REM A	AIMS IAINING FTER NDMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•		Minus	**		<u> </u> -		X39=		OR	X78=	
<u>'</u>	FIRST PRESE	NTATIO	ON OF MU	JETIPLE DEF	ENI	DENT CLAIM		J	+130=		OR	+260=	
								١	TOTAL		OR	TOTAL ADOIT, FEE	
		(Col	lumn 1) _		_((Column 2)	(Column 3)	L	70011.1 CC				
AMENDMENT C		REM A	LAIMS MAINING FTER NOMENT		P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	**		=		X\$ 9=		OR	X\$18=	
AME.	Independent	•		Minus			=	4	X39=		OR	X78=	·
H	FIRST PRESE	NTATI	ON OF M	ULTIPLE DEI	PEN	DENT CLAIM	· · · · · · · · · · · · · · · · · · ·		+130=		OR	+260=	
	If the entry in colu	mn 1 is	less than the	ne entry in colu	ımn 2	2, write "0" in co	lumn 3.	, •	TOTAL		OR	TOTAL	
	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ****If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

TO:	PCT OFFICE OF FI	NANCE CTITUTO OD						
FROM:	PCT INTERNATION CRYSTAL PLAZA 2	IAL DIVISION - DOÆO - 8TH FLOOR						
PLEASE	PROCESS THE FO	LLOWING COR	RECTIONS :					
1	FROM	ТО						
198 198	1248 822	900 964 966	840 408 60 762					
OTHER:	CHARCE VOLUCTION IS AN	TI GIFD TO GIA DOS						
CHARGE VOUCHER IS ATTACHED TO CHARGE / REFUND ADDITIONAL FEES								
	OTHER:							
Charitta A. Buif Paralegal Specianst THE ORIGINAL METHOD OF PAYMENT WAS:								
BY A CHECK								

BY A CHARGE TO DEPOSIT ACCOUNT NO.